

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street)

700 Newport Center Drive

☐Check if different
than previously
reported. (ACC)

Newport Beach

CA

92660

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00068528

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Haskell

Signature of Treasurer

Electronically Filed by Robert Haskell

Date

12

02

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		92228.41
(b) Cash on Hand at Beginning of Reporting Period	11796.21	
(c) Total Receipts (from Line 19)	17469.14	194036.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29265.35	286265.35
7. Total Disbursements (from Line 31)	21000.00	278000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8265.35	8265.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16796.81	143936.98
(i) Itemized (use Schedule A)		
(ii) Unitemized	672.33	50099.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	17469.14	194036.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	17469.14	194036.94
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17469.14	194036.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17469.14	194036.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	278000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21000.00	278000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	278000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17469.14	194036.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17469.14	194036.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City

WALNUT

State

CA

Zip Code

91789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362102476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362122476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. LYNETTE G BONES

Mailing Address 23955 WARSAW ST

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MGR RET ANN BUS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362222476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP HR, FAC & CORP TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362232476

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. ALAN H BROWN

Mailing Address 505 13TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INFO TECH OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362252476

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR PROJECT ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362272476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP AMF CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362302476

Amount of Each Receipt this Period

167.00

P/R Deduction (\$167.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J BUSSARD

Mailing Address 5256 LYSANDER LN

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362312476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362322476

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

257.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN E CARLSON

Mailing Address 55 GILLMAN ST

City

IRVINE

State

CA

Zip Code

92612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362352476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SVP PROD & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362382476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP & GEN COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362402476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MGR STRUCT STTLMNTS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362422476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN A CLUNE

Mailing Address 858 S BLUEBIRD CIR

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362462476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362482476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

APPLIC DEV MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362492476

Amount of Each Receipt this Period

33.33

P/R Deduction (\$33.33 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. BRENDAN L COLLINS

Mailing Address 25551 ORCHARD RIM LN

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362502476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINE WAY

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362512476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

168.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL C CRAIN

Mailing Address 36 WINTERGREEN

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MGR PROD COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362542476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362552476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362562476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL R CURRY

Mailing Address 12162 WICKLOW LN

City

NAPLES

State

FL

Zip Code

34120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362572476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City

IRVINE

State

CA

Zip Code

92623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362592476

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. DIANE W DALES

Mailing Address 28 CLERMONT

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362602476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City

QUINCY

State

WA

Zip Code

98848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362622476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. NANCY E ENOMOTO

Mailing Address 2001 BARRANCA

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR IMD OPS RSK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362692476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362712476

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. PETER S FIEK

Mailing Address 22 ARCADE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362772476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362782476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. MARTIN J FLEISCHMAN

Mailing Address 2915 CALLE GUADALAJARA

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP SEPARATE ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362792476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362862476

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362902476

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

ACCUM PROD CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362912476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP ADV & PUB RLTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362922476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. LORENE C GORDON

Mailing Address 37 LANTANA

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362932476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MGR NEXT WAVE PMO/BA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362942476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM C GREEN

Mailing Address 12889 RALSTON CIR

City

SAN DIEGO

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR CONSTR LOAN ACCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362952476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SVP FINANCE & COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362962476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. IRENE L HALLETT

Mailing Address 6052 SAN YSIDRO CIR

City

BUENA PARK

State

CA

Zip Code

90620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

NATL ACCOUNTS SUPR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10362992476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

COMMUNITY RELTNS COORD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363032476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 31735 SEACLIFF DR

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363062476

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363072476

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

540.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363102476

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363112476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363162476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MARK W HOLMLUND

Mailing Address PO BOX 2108

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

EVP & CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363182476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR CORPORATE RISK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363202476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. MARY K MCWARD

Mailing Address 2 GLASTONBURY PL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363212476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City

SAN DIEGO

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR CORP INTERNET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363232476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363242476

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP TREASURER PAF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363252476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP ACTUARIAL & REINS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363262476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363272476

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City

PLACENTIA

State

CA

Zip Code

92870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP CORP APPL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363282476

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. LORI A JOHNSTONE

Mailing Address 27 GRAY STONE WAY

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363292476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363322476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ANITA KARANJIA

Mailing Address 9 MONTECILO

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

BUS ANALYST CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363332476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363372476

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. JUNE E KNUTH

Mailing Address 30862 PASEO DEL NIGUEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP & INVEST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363382476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP KEY ACCOUNT MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1205.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363422476

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363452476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363472476

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363482476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363542476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP VARIABLE REG COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363562476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J BABKOW

Mailing Address 9901 OCEANCREST DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP CLIENT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363582476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City

IRVINE

State

CA

Zip Code

92612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP ANNUITY APPS ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363592476

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363602476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363612476

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT B MC KIBBIN

Mailing Address 6911 W 129TH PL

City

OVERLAND PARK

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363622476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. JULIA C MC KINNEY

Mailing Address 207 N ELLERY DR

City

SAN PEDRO

State

CA

Zip Code

90732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363632476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City

BURLESON

State

TX

Zip Code

76028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363642476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363662476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CAROLYN J MIDDLEBROOKS

Mailing Address 2024 E OCEAN BLVD

City

NEWPORT BEACH

State

CA

Zip Code

92661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP & CHIEF LIFE UNDERWRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363692476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363712476

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PROD & PORT MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363752476

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363762476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4160.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363792476

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

526.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363802476

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DARAGH M O'SULLIVAN

Mailing Address 267 COMMONWEALTH AVE

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363902476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD P OLSON

Mailing Address 24852 CAMBERWELL ST

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363932476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. HEATHER A PAIGE

Mailing Address 29352 BOBOLINK DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP IMD OPS & COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10363962476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP HR CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364002476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364022476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 91

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. B P PILLION

Mailing Address 915 STOKES RD

City

VILLANOVA

State

PA

Zip Code

19085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364042476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City

YORBA LINDA

State

CA

Zip Code

92887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP CORP AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364052476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP REAL ESTATE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364082476

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

INTERNAL AUDIT DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364092476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JAMES R RICE

Mailing Address 11 STILLWATER

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364142476

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

EXEC VP ANNUITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3175.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364182476

Amount of Each Receipt this Period

325.00

P/R Deduction (\$325.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS M RONCE

Mailing Address 19 GLEN ELLEN

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP & TAX COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364202476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City

CHAPEL HILL

State

NC

Zip Code

27517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364232476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD J SCHINDLER

Mailing Address 28792 APPLETREE

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364262476

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KIMBERLY K SCHULTZ

Mailing Address 28392 CALLE PINON

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364302476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364312476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR HR GENERALIST COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364322476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364332476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP APPLIC DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364352476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR PORTFOLIO OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364442476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E STODDART

Mailing Address 2413 W 123RD TER

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364472476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP TALENT ACQ & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364502476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ALICE P TERLECKY

Mailing Address 2130 CAMINO LAUREL

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364572476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP ACCTG & RPTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364582476

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP & INSURANCE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364592476

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

EXEC VP CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364602476

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

556.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364612476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP REGULATORY PROD ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364622476

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364632476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. MELANIE G WAGNER

Mailing Address 1842 MOORPARK DR

City

BREA

State

CA

Zip Code

92821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR HR & PR SERVICES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364642476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP RE UWG & CONST SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364652476

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. DARLENE A WALLACE

Mailing Address PO BOX 2462

City

NEWPORT BEACH

State

CA

Zip Code

92659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR SYSTEMS ANA (LD)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364662476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364702476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. NAOMI D WHEELER

Mailing Address 1827 MAIN ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364732476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP INTERNAL WHLSLNG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364742476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KAREN S WILEY

Mailing Address 2921 PLAYER LANE

City

TUSTIN

State

CA

Zip Code

92782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364752476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. ALAN D WUEST

Mailing Address 32 COLORIDO

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364802476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City

IRVINE

State

CA

Zip Code

92618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP VAR REGULATORY COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364822476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation
SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10364832476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City State Zip Code
LOS ALAMITOS CA 90720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation
AVP FINANCIAL OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365122476

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation
EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365142476

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. PAUL V LIGEROS

Mailing Address 44 RABANO

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

PROD & COMPETITION CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365202476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP ADVANCED MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365212476

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. REX A OLSON

Mailing Address 1963 PORT LAURENT PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP&SR MANAGING DIR (LEV FIN)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365222476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. SAMUEL TANG

Mailing Address 9 KEMPTON LN

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

PRINCIPAL PAC TRIGUARD COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365232476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CAROLYN DEAN

Mailing Address PO BOX 3051

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365342476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ANGELA D HARRELSON

Mailing Address 286 VIRGINIA PL

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

BUS SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365402476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CAROL E RUMSEY

Mailing Address 25221 SPINDLEWOOD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

COMPLIANCE MGR (FUNDS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365452476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP ANN TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365472476

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD BAUDOUIN

Mailing Address 12 INDIAN SPRING RD

City

NORWALK

State

CT

Zip Code

06853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MNG DIR & CPTL MKTS PRFTL MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365492476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. BENJAMIN JUNG

Mailing Address 115 VIA KORON

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MANAGING DIR & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365512476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

EXEC VP GLOBAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365542476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. LOREN M DOLLET

Mailing Address 8 JUPITER HLS

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

EXEC VP GEN COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365552476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 91

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SYS ANALYSIS DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: PR10365582476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: PR10365612476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D COTTON

Mailing Address 703 KAHN PL

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: PR10365622476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C HSU

Mailing Address 1121 EBBTIDE RD

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP ANN ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365662476

Amount of Each Receipt this Period

130.00

P/R Deduction (\$130.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP HR PRGMS & SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365682476

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365732476

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

445.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City

ALAMO

State

CA

Zip Code

94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365782476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365842476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City

BOCA RATON

State

FL

Zip Code

33428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365852476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES W HARVEY

Mailing Address 411 1/2 POINSETTIA AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR SYSTEMS ADMINR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365862476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CHRISTINA Q HE

Mailing Address 16625 SONORA STREET

City

TUSTIN

State

CA

Zip Code

92782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365872476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. ERIC B MILLS

Mailing Address 25202 LA ESTRADA DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP ADVANCED DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365952476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City

BRIDGEWATER

State

MA

Zip Code

02324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365962476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. EVAN P OHS

Mailing Address 8124 WESTLAWN AVE

City

LOS ANGELES

State

CA

Zip Code

90045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365972476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. JULIET A PINKERTON

Mailing Address 22 N PALMIERA CIR

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10365992476

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. PHILLIP L SALEMNO

Mailing Address 47 BETSY LN

City State Zip Code
AMBLER PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation
SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366032476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation
VP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366042476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. TRAVIS R MC KAY

Mailing Address 24719 JOLEE CT

City State Zip Code
PLAINFIELD IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation
SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366062476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP VAL & RISK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366102476

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DALE W PATRICK

Mailing Address 11975 LAMBERT

City

TUSTIN

State

CA

Zip Code

92782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366142476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP NATL ACCOUNTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366152476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR PROJECT COORD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366162476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366192476

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP MKT & CREDIT RISK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366212476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM B ARMSTRONG

Mailing Address 5322 LAIRD RD

City

LOOMIS

State

CA

Zip Code

95650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366222476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City

MANDEVILLE

State

LA

Zip Code

70448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366242476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RAYMOND S GETTINS

Mailing Address 218 WORTHINGTON AVE

City

WYOMING

State

OH

Zip Code

45215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366252476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366272476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP CAPITAL MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366282476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS C BILELLO

Mailing Address 17812 BIGELOW PARK

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP OPERATIONS COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366292476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP E-COMMERCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366302476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR VP CORP DEVELOPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366312476

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR PARALEGAL ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366322476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

481.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD T CREECH

Mailing Address 168 HIGH HILLS DR

City

MOORESVILLE

State

NC

Zip Code

28117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366332476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP INFO TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366352476

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS GIBBONS

Mailing Address 3010 PARK NEWPORT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366362476

Amount of Each Receipt this Period

180.00

P/R Deduction (\$180.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. PAM M HAUK

Mailing Address 88 CALLE DE FELICIDAD

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366382476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366392476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JAMES KARAFI

Mailing Address 182 STANHOPE RD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366402476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366412476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. GREGORY L KEELING

Mailing Address 406 1/2 HELIOTROPE AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366422476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. MICHAEL S NOZAKI

Mailing Address 24441 CASWELL CT

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INFO SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366432476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH W KRUM

Mailing Address 43 LEMANS

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP STRATEGIC PRGMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366442476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. DARCY L LEWIS

Mailing Address 1850 INDUSTRIAL ST

City

LOS ANGELES

State

CA

Zip Code

90021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366452476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR PROD & COMPETITION ANA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366462476

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. TERRY R PERKINS

Mailing Address 25522 SAWMILL LN

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP ADVANCE DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366472476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City

SAN MARCOS

State

CA

Zip Code

92069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

KEY ACCOUNT SUPR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366492476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366502476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CARRIE A SALVINO

Mailing Address 2394 WESTMINSTER AVE

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366512476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA A SANDBERG

Mailing Address 400 FLINT AVE

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366522476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH H SKINNER

Mailing Address 57 CORAL LK

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366552476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CHERYL L TOBIN

Mailing Address 24426 PEACOCK ST

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366572476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. KYLE R WOODDELL

Mailing Address 2500 CHRISTOPHER OAKS CT

City

SAINT LOUIS

State

MO

Zip Code

63129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366592476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. CATHLEEN H PULFORD

Mailing Address 33742 PEQUITO DR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

REG RPTG & ANA CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366612476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366622476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. KEVIN W BERWALD

Mailing Address 17601 PARKE LN

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366632476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE A PAULIK

Mailing Address 2990 WINDSTONE CIR

City

MARIETTA

State

GA

Zip Code

30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR FVP-NCM FI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366652476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP BUSINESS DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366672476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City

LONG BEACH

State

CA

Zip Code

90808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SYSTEMS ANALYSIS SUPR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366682476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366692476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH W COX

Mailing Address 570 EBBECREEK DR APT P

City

CORONA

State

CA

Zip Code

92880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366702476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. STEVEN R ELDER

Mailing Address 37936 19TH AVE S

City

FEDERAL WAY

State

WA

Zip Code

98003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366722476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN K ENG

Mailing Address 2311 BAYPOINTE DR

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR RISK MGMT (IMD)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366732476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 91

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP VAR REG COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366752476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP RE ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366762476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JEFF A JOLLEY

Mailing Address 54 ASHBROOK

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP AMF CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366772476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP IMD ACTUARIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366782476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366792476

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City

ASHLAND

State

MA

Zip Code

01721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366812476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP CHIEF COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366822476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. DAWN M TRAUTMAN

Mailing Address 3201 COLONY PLZ

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP INFO TCH & PRG MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366862476

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM K VINSON

Mailing Address 2111 OWENS DRIVE

City

FULLERTON

State

CA

Zip Code

92833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

ACTUARIAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366872476

Amount of Each Receipt this Period

24.00

P/R Deduction (\$24.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

149.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City

GLENWOOD

State

NJ

Zip Code

07418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366882476

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366912476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. BRANDON J CAGE

Mailing Address 19211 HIGHLAND VIEW LN

City

PORTOLA HILLS

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366952476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MARK E FANE

Mailing Address 16373 CANON LN

City

CHINO HILLS

State

CA

Zip Code

91709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR INTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366972476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. LARRY D GARDNER

Mailing Address 214 S 202ND ST

City

ELKHORN

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

COMPLIANCE MANAGER, NE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10366992476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR FLD SVCS PROJ ANA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367002476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City

STUDIO CITY

State

CA

Zip Code

91604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

FVP COLI UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367012476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. CHIN H KIM

Mailing Address 24 TAOS

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR ADV D MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367022476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. WAYNE K LEE

Mailing Address 9827 E LEMON AVE

City

ARCADIA

State

CA

Zip Code

91007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DATABASE MGMT CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367042476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. RACHELLE E REGEHR

Mailing Address 20822 CATAMARAN LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

INTERNAL WHOLESALER II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367072476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City

BIRMINGHAM

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367082476

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RONALD C SEXTON

Mailing Address 2553 W GLENCREST AVE

City

ANAHEIM

State

CA

Zip Code

92801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DATABASE ADMINISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367092476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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FOR LINE NUMBER: PAGE 78 / 91

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP AGG & INS RISK MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367122476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PROD DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367142476

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. TIFFANY L GREGATH

Mailing Address 2820 CAMINO CAPISTRANO APT D

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MEDIA MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367152476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J HUNT

Mailing Address 20130 NE 28TH PL

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367162476

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR ANNUITIES PRODUCT DEVELOPM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10367182476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

CREDIT ANALYSIS DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10371992476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City

MT. LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614782476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. STEPHEN K BEST

Mailing Address 445 FLINT AVE

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614792476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. CARL B JACKSON

Mailing Address 22395 WOODGROVE RD

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

BUS CONT PRGM DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614812476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN MCKEAN

Mailing Address PO BOX 1153

City

NEWPORT BEACH

State

CA

Zip Code

92659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SVP GLOBAL MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614822476

Amount of Each Receipt this Period

27.50

P/R Deduction (\$27.50 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. CARLETON J MUENCH

Mailing Address 510 SAN NICHOLAS CT

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614832476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP SPECIALIZED MRKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614842476

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

107.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ALEX M RUIZ

Mailing Address PO BOX 7312

City

NEWPORT BEACH

State

CA

Zip Code

92658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

ACTUARIAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614862476

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. TIM N SHAHEEN

Mailing Address 28 STONE PNE

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP SLS & MKTG OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614872476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES J SWEENEY

Mailing Address 6614 N 158TH ST

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614902476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City

HOMEWOOD

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10614922476

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J DONNELLY

Mailing Address 9 SONOMA DR

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10667992476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP&SR MANAGING DIR (LEV FIN)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR10668012476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JAMES F SHERIDAN

Mailing Address 9584 ROBIN AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MGR AIRCRAFT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR11084692476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DAVID J VAN DE WATER

Mailing Address 2062 MOUNT SHASTA DR

City

SAN PEDRO

State

CA

Zip Code

90732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR11106892476

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR11323352476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 91

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. ANN M DELANEY

Mailing Address 9 GRENADA ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR12361932476

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER R JEWETT

Mailing Address 31901 VIRGINIA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR12361942476

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW OLEKSIW

Mailing Address 6321 RESIDENCIA

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

SVP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR15598902476

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. RAE A CAPPS

Mailing Address 25842 DANA BLF W

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR22130712476

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

VP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR22130752476

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. JENNIFER L KRUMM

Mailing Address 654 QUAIL MEADOW

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR INV ACCTG & RPTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR22130802476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. SUSAN MELEIKA

Mailing Address 233 ROBIN HOOD PLACE

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

DIR INV ACCTG & RPTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR22130822476

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City

VALENCIA

State

CA

Zip Code

91354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR22130862476

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

16796.81

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 91

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: 7243156 Date of Disbursement																				
Mailing Address 7808 Cincinnati Dayton Road, Suite	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name John Boehner	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Dreier for Congress Committee	Transaction ID: 7243157 Date of Disbursement																				
Mailing Address P.O. Box 505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Upland State CA Zip Code 91785	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name David Dreier	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Gary Miller for Congress	Transaction ID: 7243158 Date of Disbursement																				
Mailing Address 721 S Brea Canyon Road Suite 7	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Diamond Bar State CA Zip Code 91789	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gary Miller	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Committee to Re-Elect Loretta Sanchez

Mailing Address 604 South Harbor Boulevard

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement
Contribution

Candidate Name
Loretta Sanchez

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 47

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7243159

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 251 East Ohio Street #850

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Contribution

Candidate Name
Evan Bayh

Office Sought: ☐ House
☒ Senate
☐ President

State: IN District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7495236

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 7495238

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	Transaction ID: 7495239 Date of Disbursement																				
Mailing Address PO Box 1948	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	8												
City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	0	0														
2	5	0	0	0	0																
Purpose of Disbursement Contribution Candidate Name Michael Crapo	Contribution 011 Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:																					
B. Full Name (Last, First, Middle Initial) Battle Born PAC	Transaction ID: 7495241 Date of Disbursement																				
Mailing Address P.O. Box 370386	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	8												
City Las Vegas State NV Zip Code 89137	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	0	0														
2	5	0	0	0	0																
Purpose of Disbursement Contribution Candidate Name Battle Born PAC	Contribution 011 Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 7495242 Date of Disbursement																				
Mailing Address P.O. Box 1480	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	8												
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	2	0	0	0	0	0														
2	0	0	0	0	0																
Purpose of Disbursement Contribution Candidate Name Orrin Hatch	Contribution 011 Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:																					

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 91

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Voinovich for Senate Committee

Mailing Address 865 Macon Alley

City
Columbus

State
OH

Zip Code
43206

Purpose of Disbursement
Contribution

Candidate Name
George Voinovich

Office Sought: ☐ House
☒ Senate
☐ President

State: OH

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7495243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

21000.00